

| PS Form 3811, July 2013 Domestic Return Receipt | 2. Article Number 7015 0640 00 | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Robert Mitchell TIFFANY & BOSCO PA Camelback Explanade II, 7th Floor 2525 E. Camelback Road Phoenix, AZ 85016 S-20986A-16-0340 | |
|-------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | 7015 0640 0004 7074 8627 | A. Signature C. Date of Delivery Addressee B. Réceived by (Printed Name) C. Date of Delivery Addressee B. Réceived Mali Priority Mail Express** Registered Insured Mail Collect on Delivery A. Restricted Delivery? (Extra Fee) Type C. Date of Delivery C. Date of Delivery | |